

Department of Labor & Industries
WISHA Services Division
PO Box 44650
Olympia WA 98504-4650

APPLICATION FOR PERMIT TO OPERATE RADIO SIGNAL SYSTEM IN DESIGNATED AREA

Firm name		Phone number	
Address		City	State ZIP+4
Radio carrier frequency		Receiver's serial no.	
Tone coding frequencies			
Name of manufacturer of signal system			
Intended function of unit:		System to be used for:	
<input type="checkbox"/> Voice communication <input type="checkbox"/> Whistle signal <input type="checkbox"/> Control equipment		<input type="checkbox"/> Grapple <input type="checkbox"/> Highlead, Slackline, Skidder <input type="checkbox"/> Balloon	
Area in which unit will be operated		(Area map included in Safety Standards for Logging Operations)	
1 <input type="checkbox"/>		2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Type of tone:			
<input type="checkbox"/> Sequential <input type="checkbox"/> Simultaneous <input type="checkbox"/> If other, specify type			
System purchased or acquired from		Date system purchased or acquired:	
Mail permit to:		Department Use Only Date Permit Issued / /	
Address			
City		State ZIP+4	

F416-087-000 app for permit 6-99